

Contacts
For Use on all Section 232 Projects

Project Name: _____
FHA No: _____

Contact Sheet
Section 232

U.S. Department of Housing
and Urban Development
Office of Healthcare Programs

OMB Approval No. 9999-9999
(exp. mm/dd/yyyy)

Public reporting burden for this collection of information is estimated to average 0.75 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. No confidentiality is assured.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Privacy Act Notice: The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in the form by virtue of Title 12, United States Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. While no assurance of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.

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Project Name: _____
FHA No: _____

Project

Site Address: _____

On-Site Contact for Site Visits and Repair Inspections

Contact Name: _____

Contact Phone: _____ Fax: _____

Contact Email: _____

Mortgagee (Lender)

Firm Name: _____

Mortgagee No: _____

Address: _____

Underwriter Name: _____

Underwriter Phone: _____ Fax: _____

Field Code Changed

Contacts
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Project Name: _____

FHA No: _____

Underwriter Email: _____

Mortgagee's Counsel

Firm Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____ Fax: _____

Contact Email: _____

Mortgagor (Borrower)

Legal Name: _____

Address: _____

Contact Name: _____

EIN: _____

Contact Phone: _____ Fax: _____

Contact Email: _____

Mortgagor's Counsel

Firm Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____ Fax: _____

Contact Email: _____

Operator (Lessee) (if applicable)

Legal Name: _____

Address: _____

Field Code Changed

Contacts
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Project Name: _____
FHA No: _____

Contact Name: _____
EIN: _____
Contact Phone: _____ Fax: _____
Contact Email: _____

Management Agent (if applicable)

Legal Name: _____
Address: _____
Contact Name: _____
EIN: _____
Contact Phone: _____ Fax: _____
Contact Email: _____

Title Company

Firm Name: _____
Address: _____
Contact Name: _____
Contact Phone: _____ Fax: _____
Contact Email: _____

Bonding Company (if applicable)

Firm Name: _____
Address: _____
Contact Name: _____
Contact Phone: _____ Fax: _____
Contact Email: _____

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Contacts
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Project Name: _____
FHA No: _____

General Contractor (if applicable)

Firm Name: _____
Address: _____
Contact Name: _____
EIN: _____
Contact Phone: _____ Fax: _____
Contact Email: _____

Design Architect (if applicable)

Firm Name: _____
Address: _____
Contact Name: _____
Contact Phone: _____ Fax: _____
Contact Email: _____

Supervisory Architect (if applicable)

Firm Name: _____
Address: _____
Contact Name: _____
Contact Phone: _____ Fax: _____
Contact Email: _____

Additional Participants

(Include Accounts Receivable Lender, if applicable)

Firm Name: _____
Address: _____
Contact Name: _____

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Contact Email: _____